
Accreditation Report – Capital Area Counseling

Date of Review: January 25 – 28, 2021

Overall Score: 94.3%

REVIEW PROCESS:

Capital Area Counseling was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on January 25-28, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Capital Area Counseling Services (CACS) is a non-profit Substance Use Disorder and Mental Health agency located in Pierre, S.D. The agency is seeking to renew accreditation for both outpatient substance use disorder services (SUD) and mental health services (MH).

The current Chief Executive Officer, Amy Iversen- Pollreisz has been with CACS since 2020. CACS's mission is "The right people efficiently providing human services to those who need them." CACS works closely with the community and their board of directors to ensure the needs of the people of central South Dakota are addressed. Approximately, 80% of CACS's clientele are state funded.

Capital Area Counseling Services currently employs 71 staff. CACS ensures competent staff by attended state provided trainings, providing intro trainings to all new staff, and taking advantage for ongoing education opportunities as

they are available. CACS looks for new ways to serve their community. CACS is currently in the process of adding DBT to their therapy options and are training all necessary staff on DBT. Additionally, CACS has removed co-pay requirements for all clients with Medicaid, making access to services easier for indigent clients.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency staff and clientele. There were no concerns noted. Clients described feeling trust toward agency staff and voiced that staff listens to them.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Capital Area Counseling Services had twenty-three total responses from stakeholders. One stakeholder reported that CACS comes to their area of the state about once per month, and due to limited access to mental health care, once per month is not enough to meet the needs of the area. Another stakeholder reported the need for more evening, and late afternoon CBISA and aftercare groups. Other stakeholders reported that CACS truly cares about their clients and have always had great communication with them.

AREAS OF STRENGTHS:

Capital Area Counseling Services provides thorough training to staff to ensure they are meeting the needs of their clients. CACS looks for new ways to meet

the needs of their community such as starting new treatment modalities, using telehealth services, and eliminating co-pay for Medicaid clients. Clients interviewed for purposes of this review reported that they trust the staff at CACS and feel like the staff listens to and respects them. Staff interviewed for purposes of this review are pleased with the open-door policy of management and the level of clinical supervision that is provided.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:62:08:08 and 67:62:08:09 six moth treatment plan reviews and supervisory treatment plan reviews must include justification for the continued need for mental health services.

Five out of twenty-three client files did not contain justification for the continued need for mental health services in their 6-month reviews or supervisory reviews.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:62:03:02 the center shall adopt bylaws which state its purpose and shall.
 - Provide for a rotating board composed of members who reside or work in the center's catchment area and who, as a group, represent the residents of that area, taking into consideration their employment, age, sex, ethnicity, place of residence, and other demographic information;
 - Describe the qualifications for membership on the board;

- Describe procedures for selection and tenure of office for a member of the board;
- Describe methods of amending bylaws;
- Provide that the board must be responsible for approving overall policy;
- Provide that the members of the governing board serve without pay;
- Provide that no financial benefit accrued as a result of membership on the board;
- Require that the board meets quarterly or more often as necessary for proper administration of the center;
- Provide that the minutes of all official meetings of the board be maintained;
- Provide that the board arrange for the annual audit of the center's accounts;
- Describe the process to be used to handle potential conflicts of interest;
- Describe the body of parliamentary procedure to be followed in the conduct of business meetings; and
- Include current or past clients of mental health services and family members on the board of directors and describe formal procedures for obtaining client and family member feedback and input, such as a through use of subcommittees or focus groups.

Capital Area Counseling Services' policies and procedures were missing the following requirements of their board of director policies:

- *Provide that the board arrange for an annual audit of the center's accounts;*
- *Describe the process for potential conflicts of interest;*
- *Describe the parliamentary procedure followed in the conduct of business meetings;*
- *Include current or past clients of mental health services and family members on the board of director sand describe formal procedures for obtaining client and family member feedback and input, such as a through use of subcommittees or focus groups.*

2. According to ARSD 67:62:08:05, a mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake.

Four out of sixteen reviewed files did not have integrated assessments completed within 30 days of intake.

3. According to ARSD 67:62:08:05, a mental health staff member shall meet with the client and client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessments must include identification for readiness for change for problem areas, including motivation and supports for making such changes.

Two out of five files reviewed of clients receiving CARE services did not have readiness for change identified in their assessments. The one file reviewed of a client receiving IMPACT services did not have readiness for change identified in their assessment.

4. According to ARSD 67:62:08:07, the initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01 (08).

Five out of fourteen treatment files reviewed did not have treatment plans completed within 30 days of intake.

5. According to ARSD 67:61:07:10 and 67:62:08:14, a transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the clients' problems, course of treatment, and progress toward planned goals and objective identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

Discharge summaries were not completed within 5 working days in 6 out of 16 reviewed files.

6. According to CJI program guidelines the CJI provider agency shall establish and document weekly communication with the referral source regarding client progress. Upon discharge or termination from CJI services,

the CJI provider will provide a discharge summary to the referral source within five business days.

Neither of the CJI files reviewed showed documentation of communication with the referral source or documentation that a discharge summary was sent to the referral source.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Capital Area Counseling Services was last reviewed by the Department of Social Services, Office of Licensing and Accreditation on November 6-8, 2017. The 2017 review identified six areas of recommendation and six areas requiring a plan of correction. Capital Area Counseling Services resolved six out of the six areas of prior recommendation and six out of six prior areas requiring a plan of correction.

ACCREDITATION RESULTS:

Administrative Review Score: 98.1%

Combined Client Chart Review Score: 94.1%

Cumulative Score: 94.3%

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)